United Nations

DP/FPA/CPD/THA/11

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
7 July 2016

Original: English

**Second regular session 2016**
6 to 9 September 2016, New York
Item 5 of the provisional agenda
**UNFPA – Country programmes and related matters**

# United Nations Population Fund

## Country programme document for Thailand

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|---|---|
| Proposed indicative UNFPA assistance: | $8.0 million: $5.0 million from regular resources and $3.0 million through co-financing modalities and/or other resources |
| Programme period: | Five years (2017-2021) |
| Cycle of assistance: | Eleventh |
| Category per decision 2013/31: | Pink |

Proposed indicative assistance (in millions of $):

| Strategic plan outcome areas | | Regular resources | Other resources | Total |
|---|---|---|---|---|
| Outcome 2 | Adolescents and youth | 2.5 | 1.0 | 3.5 |
| Outcome 4 | Population dynamics | 2.0 | 1.5 | 3.5 |
| Programme coordination and assistance | | 0.5 | 0.5 | 1.0 |
| **Total** | | 5.0 | 3.0 | 8.0 |

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# I. Situation analysis

1. Thailand is an upper middle-income country aiming to reach developed country status by 2030. As Chair of the Group of 77, Thailand is committed to promoting the Sustainable Development Goals (SDGs) and South-South cooperation for economic and technical advancement in the region. The country has made considerable progress towards development (with a high human development index of 0.722). The Government continues its efforts to expand social protection, including health coverage for migrants. However, development has been uneven, with much of the economic growth concentrated in urban areas. Some critical socio-political changes in the past decade and the ongoing situation in the southern border provinces have compounded existing disparities and inequalities. Efforts have been made to improve the lives of people living in those areas, including women, children, and young people, those who are particularly vulnerable; though more needs to be done. The 12th National Economic and Social Development Plan seeks to address this issue by pursuing an inclusive and sustainable development.

2. With a population of 67.9 million, Thailand has seen significant declines in fertility rates (currently 1.6 children per woman). Successful family planning programmes introduced in the 1970s contributed to this result. The population is not expected to significantly decline over the next two decades; the population structure, however, will change dramatically, shifting the dependency ratio from 39.2 to 63.6 dependants per 100 adults aged 15-64 years (2015-2040). This will result in a declining workforce, a growing reliance on migrant labour and an increase in elderly dependants. It underscores the need to reflect demographic changes, including gender dimensions, in national development plans on health, education, social protection, the workforce and economic competitiveness. This means investing in human resource development to create a productive workforce and overcome the demographic pressures of an ageing society.

3. Although the poverty headcount in Thailand declined sharply by two thirds from 25.8 million in 2000, rural-urban disparities remain high, with 67 per cent of the country's 6.9 million poor living in rural areas. A significant portion of the population living in those areas are vulnerable, including ethnic minorities, undocumented migrants, the elderly, and disadvantaged women and children, highlighting the multidimensional nature of poverty. Hence, inequalities based on ethnicity, gender and geography have contributed to a slower pace of poverty reduction even though it has fallen in recent years (as measured by the Gini coefficient, which remains consistently high, above 0.45).

4. Despite the country's impressive economic growth, Thailand is at the risk of falling into the 'middle-income trap' unless it shifts its model of development to one of innovation and high productivity, grounded in equity and inclusion with socioeconomic, political and environmental balance. The SDGs offer Thailand a framework for such a model of development, promoting an inclusive society where all individuals within its borders will have equal access to services and enjoy their rights. The principle of sufficiency economy philosophy has been embraced by the Government as a people-centred approach to implementing the 2030 Agenda for Sustainable Development.

5. Thailand has made significant progress in advancing gender equality, especially in education with women, now comprising 60 per cent of all college graduates. But gender roles – at home, in workplace and in the public domain – have been slow to change. Despite the increase in the share of women in waged employment to 47 per cent, many women have fewer opportunities for career advancement than men; they are underrepresented in electoral politics, occupying only 20 per cent of the seats in the national assembly. Large numbers of women remain single or postpone their age at marriage, resulting in different reproductive health needs and a rising demand for long-acting contraception, particularly among marginalized unskilled workers and migrant

populations. While no national prevalence data is available on violence against women, over 90 per cent of victims of reported family violence in 2013 were women.

6. Thailand has enjoyed universal health coverage (UHC) since 2002; the country is internationally recognized for its successful implementation with a favourable pro-poor outcome, since it provides access to effective and affordable health care for all, including migrants. However, more needs to be done to ensure quality, benefits and services for all..

7. Maternal health indicators are good, with 99.6 per cent of births taking place in institutional settings. During 2000-2015, the maternal mortality rate declined by 40 per cent, from 42 to 26 per 100,000 live births, although higher rates persisted in some border provinces. While the contraceptive prevalence rate for married couples is high, at 79 per cent, the unmet need among married adolescent women aged 15-19 years is still a concern (at 12 per cent). Many unmarried young people are sexually active, with 19 per cent of female students attending grade 11 reporting that they are sexually active. There is little data on the unmet need of contraception among unmarried adolescents.

8. Nationally, 16 per cent of women aged 15-19 years are currently married or in a union, with higher rates in poor and rural areas. The adolescent birth rate increased sharply, rising in the early 2000s from 32 per 1,000 to 54 per 1,000 in 2014, when a downward trend started, with the current rate at 48 per 1,000. This figure does not include the suspected high rates of abortion. The HIV infection rate among young people aged 15-24 years declined from 0.95 and stabilized at 0.53 per cent during 2000-2014, with higher rates in key populations. These indicators suggest the continuing challenges young people face in realizing their sexual and reproductive health and rights. While reproductive health services for adolescents are freely available, quality is an issue and uptake remains low because of sociocultural norms. The provision of gender-responsive comprehensive sexuality education is now included as a compulsory component of the Prevention and Alleviation of Adolescent Pregnancy Bill, aiming to cut the adolescent pregnancy rate in half over the next ten years.

9. The high rate of adolescent pregnancy has tended to harden negative attitudes of adults towards sexuality of young people, which is a critical barrier to providing youth-friendly sexual and reproductive health services. There is a need for advocacy and public awareness regarding young people's sexual and reproductive health and rights, and the media is a potential tool to achieve that.

10. As Thailand transitions to an upper-middle-income country with a middle-class society and from a young population to an ageing society, investing in youth becomes a critical prerequisite to sustainable development. The increasingly competitive global economy, along with rapid social change, requires that young people be equipped with the knowledge and skills to address new opportunities and emerging challenges. Youth from vulnerable groups disadvantaged by ethnicity, gender and geography, including from the southern border provinces, are particularly at risk of being left behind. Opportunities for young people from vulnerable groups to participate in decision-making processes are therefore critical to ensuring an inclusive and equitable society.

11. Although national policies, laws and plans on youth development are already in place, young people's voices and demands need to be increasingly integrated for policy formulation and implementation. The empowerment of all young people as primary agents of transition is important. A shift in approach that sees young people as a positive resource with the right to participate in decisions that concerns them is a necessary work-in-progress.

12. The use of strategic information and analyses is fundamental for developing policies that address regional and social inequalities, promote inclusive growth, protecting the human rights of all. Thailand has the capacity to generate data but lacks unified and harmonized statistics on population, and needs to utilize data better for evidence-based policy formulation.

## II. Past cooperation and lessons learned

13. UNFPA assistance to Thailand began in 1972. The 10th country programme (2012-2016) focused on: (a) strengthened policies and programmes to promote rights-based reproductive health, especially among displaced persons and international migrants; (b) enhanced policies and mechanisms to increase the utilization of sexual and reproductive health and HIV services by young people and the most vulnerable populations; (c) enhanced capacity of line ministries to collect and utilize data and information for policies and programmes to address emerging population issues at national and subnational levels; and (d) strengthened health-sector response to gender-based violence within a multisectoral framework.

14. Achievements include: (a) establishment of a national platform of government, civil society, media and private-sector partners to share and coordinate programmes to reduce adolescent pregnancy; (b) enactment of the Adolescent Pregnancy Prevention and Alleviation Bill; (c) introduction of the first national condom policy; (d) incorporation of standards and protocols for prevention and management of gender-based violence in the health sector; (e) provision of essential sexual and reproductive health services to approximately 150,000 Myanmar refugees living in border areas; (f) expanded capacity of the Thailand International Cooperation Agency (TICA), using triangular cooperation to provide assistance in reproductive health to other countries, particularly Bhutan and the Lao People's Democratic Republic; (g) capacity enhancement of civil servants on the implications of demographic change for their sectors; (h) formulation of a 20-year national population policy, and introduction of new methodologies in preparing for an ageing society; (i) strengthening and unifying reproductive health data systems; (j) forming and expanding partnerships between UNFPA and the private sector in promoting sexual and reproductive health and assisting women and children in emergencies; and (k) raising awareness, through media channels, and increasing public understanding of sexual and reproductive health and rights, and demographic change.

15. Lessons learned include the following: (a) supply side-based strategies are not enough to lower sexually transmitted infections and pregnancy rates among young people; a new focus on the agency of young people is required; (b) coordination among and between ministries and other partners on young people's sexuality remains a challenge, pointing to a continued convening role for UNFPA; (c) lack of consistent data and underutilization of evidence in policy formulation remain; and (d) structural investments in South-South cooperation have laid a good basis for expansion and sustainability of initiatives between Thai institutes and foreign counterparts.

## III. Proposed programme

16. The proposed programme is in line with the Sustainable Development Goals, the United Nations Partnership Framework (2017-2021) and the 12th National Economic and Social Development Plan (2017-2021) of Thailand and international normative standards, including the Convention on the Elimination of All Forms of Discrimination against Women and the International Conference on Population and Development (ICPD). The programme was formulated through a consultative process, involving the Government, civil society, the private sector and other development partners. As an overarching approach to addressing inequality, the proposed programme will target disadvantaged and vulnerable populations, and focus on adolescents and youth, while strategies to address gender inequalities will be integrated across the programme. Policy engagement and advocacy are key programme strategies, along with the development of a robust resource mobilization strategy targeting the corporate sector and the general public.

### A. Outcome 2: Adolescents and youth

17. Output 1: Strengthened national institutions, systems and enabling environment for promoting youth participation and advancing adolescent reproductive health and rights. The programme will focus on young people from vulnerable groups. It will support: (a) the Committee on Prevention and Alleviation of Adolescent Pregnancy in

ensuring the implementation of the Adolescent Pregnancy Act; (b) capacity development of youth leaders, including girls, and the systems that support them through the National Youth Council and civil society organizations, at central and decentralized levels, so that they can monitor the implementation of policy in their localities and use it for evidence-based advocacy; (c) advocacy for empowerment and civic engagement of youth and civil society in consultative processes that concern them, and monitoring of implementation of youth-related policies and programmes; (d) evidence-based advocacy on youth development and sexual and reproductive health and rights, engaging with the media, the private sector, the health and educational sectors, and community gatekeepers; (e) joint advocacy with key stakeholders for comprehensive sexuality education; (f) joint advocacy on improving quality and inclusiveness of UHC with better coverage of sexual and reproductive health services; and (g) engagement of the private sector and the general public to promote gender equality and sexual and reproductive health and rights, and to mobilize resources.

## B. Outcome 4: Population Dynamics

18. Output 1: Increased use of evidence-based analyses of population issues for the development of equitable, rights-based national policies and strategies targeting young people, women and vulnerable populations. The programme will support: (a) development of a web-based population data system to provide disaggregated data and facilitate mapping of socioeconomic and demographic inequalities for policy response at national and subnational levels; (b) advocacy for the development of national policies and plans, using evidence and population projections to increase investment in young people, and incorporate youth priorities in national policies and programmes; (c) research on youth perspectives, including on sexual and reproductive health, for evidence-based advocacy with policymakers, programmers and others responsible for service delivery; and (d) advocacy with senior policymakers, the private sector and the public to take action on key issues related to demographic change, particularly on life-course development of young people and women in the context of rapid ageing, the rights of migrants, including undocumented migrants, empowerment of women, and the need for inclusive and sustainable development, given the prevailing disparities and inequalities.

19. Output 2: Increased national capacity to implement South-South cooperation and triangular initiatives to promote the ICPD agenda. The programme will: (a) provide technical support to better institutionalize South-South cooperation, including reviewing existing modalities, developing more sustainable models and ensuring that the interventions meet international standards; (b) support a strong role for UNFPA as a knowledge broker, capacity development supporter and partnership facilitator, including in mapping and matching needs of programme countries with expertise available in Thailand on reproductive health and population and development; (c) support TICA to convene and connect a wide variety of stakeholders, including the private sector, civil society organizations and academia to strengthen Southern perspectives and actions in global development agendas; and (d) mobilize resources from public and private sectors to address sexual and reproductive health needs, including in humanitarian settings.

# IV. Proposed programme, monitoring and evaluation

20. UNFPA, as integral partner of the United Nations country team, will actively advocate for co-ownership of the proposed country programme by other partners. The Ministry of Foreign Affairs and the National Economic and Social Development Board will serve as the Government's coordinating and advisory agencies, respectively. A monitoring and evaluation plan, including annual reviews, will be developed and implemented to assess progress and make adjustments, as necessary.

21. The country office will seek to increase financial self-sufficiency during the timeframe of the proposed country programme, using a combination of fundraising from the general public, government cost-sharing, and partnerships with the private sector. The country office, comprising an assistant representative and programme and

operations staff, will realign human resources based on the requirements of the country programme, and technical assistance from the regional office and UNFPA headquarters will be sought as required. The appointment of a country representative is envisaged to provide leadership for high-level policy advocacy and resource mobilization initiatives.

## RESULTS AND RESOURCES FRAMEWORK FOR THAILAND (2017-2021)

| UNFPA strategic plan outcome | Country programme outputs | Output indicators, baselines and targets | Partners | Indicative resources |
|---|---|---|---|---|
| **National priorities include four areas and two cross-cutting themes:** Life-cycle human resource capacity development from children to elderly especially among disadvantaged and vulnerable populations; Equitable and inclusive society; Effective and participatory governance; Green growth and resilience.<br>Cross-cutting themes: South-South cooperation; and strategic information management.<br>**UNDAF outcome:** By 2021, systems and processes are more efficient, equitable to progressively advance people-centred sustainable development for all people in Thailand:.<br>**Indicators:** Adolescent birth rate: Baseline: 48 per 1,000 live births; Target: 25% reduction by 2021. Maternal mortality ratio: Baseline: 26 per 100,000 live births; Target: 15 per 100,000 live births. | | | | |
| **Outcome 2: Adolescents and youth** Increased priority on adolescents, especially on very young adolescent girls, in national development policies and pro¸rammes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health<br>Outcome indicator(s):<br>• Laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services *Baseline*: Adolescent Pregnancy Act; *Target*: National Youth Development Plan and Policy; National Policies and Programmes in line with the Adolescent Pregnancy Act | Output 1: Strengthened national institutions, systems and enabling environment for promoting youth participation and advancing adolescent sexual and reproductive health and rights and gender equality | • Recommendations on adolescent reproductive health and rights raised by youth representatives and adopted by the National Committee responsible for the implementation of the Prevention and Alleviation of Adolescent Pregnancy Act *Baseline*: 0; *Target*: 2<br>• Youth representatives from the National Child and Youth Council, and youth organizations representing marginalized groups participate in the Committee that develops the National Youth Development Plan and Policy *Baseline*: 0; *Target*: One third of total civil society organization slots in the Youth Council are representatives of marginalized groups<br>• Number of media and private partners engaging in advocacy to strengthen public awareness on youth development, including youth participation and their sexual and reproductive health and rights *Baseline*: 1; *Target*: 5 | Ministries of: Public Health; Education; and Social Development and Human Security; Committees on the Adolescent Pregnancy Act, Thai Health Promotion Foundation. National Health Assembly; the media; the private sector; young people's organizations | $3.5 million ($2.5 million from regular resources and $1 million from other resources) |
| **National priorities include four areas and two cross-cutting themes:** Life-cycle human resource capacity development from children to elderly, especially among disadvantaged and vulnerable populations; Equitable and inclusive society; Effective and participatory governance; Green growth and resilience.<br>Cross-cutting themes: South-South cooperation; and strategic information management.<br>**UNDAF outcome:** By 2021, systems and processes are more efficient, equitable to progressively advance people-centred sustainable development for all people in Thailand.<br>**Indicators:** Adolescent birth rate. Baseline: 48 per 1,000 live births; Target: 25% reduction by 2021. Maternal mortality ratio: Baseline: 26 per 100,000 livebirths; Target: 15 per 100,000 live births. | | | | |
| **Outcome 4: Population dynamics** Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality | Output 1: Increased use of evidence-based analyses of population issues for the development of equitable, rights-based national policies and strategies targeting young people, women and vulnerable populations | • Number of national policies and strategies developed on population and development informed by evidence-based analysis that address the needs and rights of young people, women and vulnerable groups *Baseline*: 2; *Target*: 3<br>• Number of databases with population-based data accessible by users through web-based platforms that facilitate mapping of socioeconomic and demographic inequalities | Ministries of: Foreign Affairs; Public Health; Education; Social Development and Human Security; National Economic and Social Development Board; National Statistical Office; national | $2.5 million ($1.5 million from regular resources and $1 million from other resources) |

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| Outcome indicator(s):<br>• New national development plans that address population dynamics by accounting for population trends and projections in setting development targets<br>*Baseline*: 1; *Target*: 2 | | *Baseline*: 0; *Target*: 1<br>• Number of initiatives for public-private cooperation established and convened by UNFPA, utilizing evidence on demographic dynamics<br>*Baseline*: 0; *Target*: 2 | universities; the private sector | |
| | Output 2: Increased national capacity to implement South-South cooperation and triangular initiatives to promote the ICPD agenda | • Number of countries that received Thailand-based expertise and experiences on reproductive health, and ICPD-related areas under triangular initiatives<br>*Baseline*: 2; *Target*: 4<br>• Percentage of financial resources contributed by Thai Government under triangular initiatives on sexual and reproductive health<br>*Baseline*: 40%; *Target*: 50% | Thailand International Cooperation Agency; the private sector; professional associations; academic institutions | $1.0 million ($0.5 million from regular resources and $0.5 million from other resources) |